

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12	1					
13						
14	1					
15		3				
16	1					
17		1				
18		2				
19		2				
20		2				
21	1					
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TOTAL IND.	11					
TOTAL DEP.	39	↔	↔	↔		
TOTAL CLAIMS	50	████	████	████	████	

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		████	████	████	████	